Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State:		FLORIDA			
Citation 1902(a)(52) and 1925 of		Families	Receiving Extended Medicaid Benefits			
the Act	( a )	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).				
	(b)	6-month	provided to families during the second period of extended Medicaid benefits under 1925 of the Act are			
	-	se re ma	qual in amount, duration, and scope to ervices provided to categorically needy AFDC cipients as described in <u>ATTACHMENT 3.1-A</u> (or by be greater if provided through a caretaker lative employer's health insurance plan).			
		se re th in	ual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients, (or may be greater if provided rough a caretaker relative employer's health surance plan) minus any one or more of the llowing acute services:			
		_7	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.			
			Medical or remedial care provided by licensed practitioners.			
			Home health services.			
		•				
Supersedes	Approval	Date OC	1 1992 Effective Date10/1/91			
IN No90	9-40		HCFA ID: 7982E			

Revision:	HCFA-PM-91- 4 AUGUST 1391	(BPD)	OMB No.: 0938-		
	State: _		FLORIDA		
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits ed)		
			Private duty nursing services.		
			Physical therapy and related services.		
			Other diagnostic, screening, preventive, and rehabilitation services.		
		<u>_</u> 7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.		
		_7	Intermediate care facility services for the mentally retarded.		
		_7	Inpatient psychiatric services for individuals under age 21.		
•			Hospice services.		
			Respiratory care services.		
		_7	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.		
•					
Supersedes	1-50 Approval	Date OC	T 6 1992 Effective Date10/1/91		
TN No8	1-35		HCFA ID: 7982E		

Revision:	AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	FLORIDA	
Citation	3.5 <u>Fan</u> (Co	ilies Receiving Extended Med	icaid Benefits
	(c) <u>_</u> /	The agency pays the family fees, deductibles, coinsumers for health plans offered employer as payments for its	rance, and similar costs by the caretaker's
		$\angle$ 1st 6 months $\angle$	_/ 2nd 6 months
		The agency requires careta employers' health plans as eligibility.	akers to enroll in the state of
		$\angle$ 1st 6 mos. $\angle$ /	2nd 6 mos.
	(d) <u>/</u> /	(1) The Medicaid agency profamilies during the second extended Medicaid benefollowing alternative of	cond 6-month period of fits through the
		Enrollment in the face employer's health p	
		Enrollment in the face employee health plan	amily option of a State
		Enrollment in the Stuninsured.	tate health plan for the
·		organization (HMO) of less than 50 per	igible health maintenance with a prepaid enrollment cent Medicaid recipients of extended Medicaid).
Supersedes	1-50 Approval	Date OCT 5 1992 Effect.	lve Date 10/1/91
TN No9	0-21		

HCFA ID: 7982E